

# **Exhibit D**

### Juror Questionnaire

**NAME** (Please print): \_\_\_\_\_

1. Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_
2. a. City/neighborhood where you live: \_\_\_\_\_ For how long? \_\_\_\_\_
3. a. What is the last level of education you completed?
 

☐ Grade school or less  
☐ Some high school  
☐ High school graduate  
☐ Technical/Business School

☐ Some college (no degree)  
☐ 2-year Associate of Arts degree  
☐ 4-year College graduate (Major: \_\_\_\_\_)  
☐ Post graduate study (Major/degree: \_\_\_\_\_)

b. What schools did you attend? \_\_\_\_\_

c. Please list any certificates or degrees you have obtained: \_\_\_\_\_

- 4. What is your employment status?
 

☐ Employed full time  
☐ Employed part-time

☐ Running household  
☐ Unemployed

☐ Retired for \_\_\_\_\_ year(s)  
☐ Full time student  
☐ Other: \_\_\_\_\_
- 5. Please list the primary jobs you have had in the past, beginning with your current or most recent employment. If retired or unemployed, please indicate the last job you had.

Dates of Employment	Employer	Occupation	Duties

6. Do you currently or have you ever had any management or supervisory responsibilities? ☐ Yes ☐ No  
 If Yes, was it: ☐ Senior management ☐ Middle management ☐ Entry-level management  
 Please explain, including which job(s), your duties, and how many people you supervise(d): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Do you currently or have you ever served on a board of directors? ☐ Yes ☐ No  
 Please describe when, for what entity, and your duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. What is your marital status?
 

☐ Single, never married  
☐ Living with partner

☐ Married for \_\_\_\_\_ years  
☐ Widowed/Widower

☐ Divorced/Separated  
☐ Other: \_\_\_\_\_

9. What is your spouse/partner's primary employment status?

- ☐ Employed full time      ☐ Running Household      ☐ Retired for \_\_\_\_ year(s)  
☐ Employed part-time      ☐ Unemployed      ☐ Full-time Student      ☐ Other: \_\_\_\_\_

10. Please list the jobs your spouse/partner has had in the past, beginning their current or most recent employment. If retired or unemployed, please indicate the last job they had.

Dates of Employment	Employer	Occupation	Duties

11. If you have any children, please fill in the list below.

Gender	Age	Do they live with you?	Education	Occupation /School Attending	If married, list their Spouse's Occupation
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

12. If there are any other adults (besides spouse/partner and children) in your household, please provide their employment information below. If any are retired or unemployed, please indicate the last job they had.

Relationship	Age	Occupation	Employer

13. What are/were your parents' occupations? (List even if retired or deceased)

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Guardian: \_\_\_\_\_

14. What social, political, civic, church, trade or other organizations are you associated with? \_\_\_\_\_  
\_\_\_\_\_

15. Have you or has anyone close to you ever owned your own business or operated a franchise?

☐ Yes ☐ No If Yes, please explain, including type of business, number of employees, whether still operating, and/or how it ended: \_\_\_\_\_  
\_\_\_\_\_

Was the business ever sued or was a claim ever brought against it? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

16. Do you or anyone close to you have a financial interest in, work for, own stock in, or otherwise have a financial relationship with any of the following:

JUUL Labs, Inc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Altria Group, Inc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Philip Morris USA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pax Labs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tao, LLC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tao Invest. LLC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tao Capital Partners	<input type="checkbox"/> Yes <input type="checkbox"/> No
JL Special, LLC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kataly Foundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Global Asset Capital	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

17. Do you or anyone close to you work for the San Francisco Unified School District (SFUSD)? ☐ Yes ☐ No  
 If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

18. Have you or has anyone close to you worked for the San Francisco Unified School District (SFUSD) in the past? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

19. Do you or anyone close to you have any children currently attending school in the San Francisco Unified School District (SFUSD)? ☐ Yes ☐ No If Yes, please explain, including which schools: \_\_\_\_\_  
 \_\_\_\_\_

20. Did you, your partner or your children (if applicable) attend any SFUSD schools in the past? ☐ Yes ☐ No  
 If Yes, please explain, including who/relationship to you, and which schools: \_\_\_\_\_  
 \_\_\_\_\_

When was the last time you/your partner/children attended a SFUSD school? \_\_\_\_\_

21. What is your opinion of the San Francisco Unified School District? ☐ Positive ☐ Negative ☐ No Opinion  
 Please explain: \_\_\_\_\_  
 \_\_\_\_\_

22. What is your opinion of JUUL Labs, Inc.? ☐ Positive ☐ Negative ☐ No Opinion Please explain: \_\_\_\_\_  
 \_\_\_\_\_

23. What is your opinion of Altria (meaning Altria Group Inc., Philip Morris USA, Inc. and Altria-related entities)? ☐ Positive ☐ Negative ☐ No Opinion Please explain: \_\_\_\_\_  
 \_\_\_\_\_

24. Do you, a family member, or someone close to you have expertise or ever had any training, courses or worked in or around the following areas?

Addiction	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Advertising	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Convenience Store	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Counselling	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Engineering	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Environmental Protection Agency (EPA)	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Education/Teaching/Administration	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Food and Drug Administration (FDA)	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Finance/Investments	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Insurance/Claims	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Legal	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Marketing	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Psychology	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Research and Development	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Social Media	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Social Work	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Technology/Software/Hardware	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Tobacco Industry	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close
Product Design/Development	<input type="checkbox"/> Yes, self	<input type="checkbox"/> Yes, family	<input type="checkbox"/> Yes, someone close

If Yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

25. Which best describes your cigarette smoking history?

☐ Current smoker ☐ Former smoker ☐ Never smoked

If current smoker, how many per day? \_\_\_\_\_

If current smoker, have you tried to quit smoking in the past? ☐ Yes ☐ No

If former smoker, how many per day? \_\_\_\_\_ When did you quit? \_\_\_\_\_

26. Did your parents/guardians smoke cigarettes when you were growing up? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Did they ever quit smoking? ☐ Yes ☐ No If Yes, how old were you when they quit?

27. Does anyone close to you currently smoke cigarettes? ☐ Yes ☐ No If Yes, please explain, including who/relationship to you, how long they have smoked, and how much they smoke: \_\_\_\_\_

Has the person tried to quit smoking in the past? ☐ Yes ☐ No ☐ Don't Know

28. Do you currently use electronic cigarettes / vape devices? ☐ Yes ☐ No

Have you used electronic cigarettes / vape devices in the past? ☐ Yes ☐ No

If Yes, to either, how often per day? \_\_\_\_\_

How old were you when you started? \_\_\_\_\_ How long have/did you used electronic cigarettes / vape devices? \_\_\_\_\_

What brand(s) of electronic-cigarettes / vape devices have you used? \_\_\_\_\_

Did you/do you use any flavored electronic cigarettes / vape products? ☐ Yes ☐ No

If Yes, which flavor(s)? \_\_\_\_\_

Have you ever tried to quit? ☐ Yes ☐ No If Yes, how many times \_\_\_\_\_

29. Has anyone close to you used electronic cigarettes / vape devices? ☐ Yes ☐ No If Yes, please explain:

Who/ Relationship to you:	Age?	Current or former?	How often per day?	For how Long?	Brand(s) / Flavors:	Did they formerly smoke traditional cigarettes?

30. Have you read, seen, or heard anything about JUUL brand e-cigarettes? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

31. Have you ever served on a jury before? ☐ Yes ☐ No If Yes, please complete for each case:

Civil or Criminal	Nature of the Case	When/Where	Verdict Reached?	Foreperson?
<input type="checkbox"/> Civil <input type="checkbox"/> Crim.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Civil <input type="checkbox"/> Crim.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Civil <input type="checkbox"/> Crim.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Have you or anyone in your family ever been sued by anyone, even in small claims court?

☐ Yes ☐ No

If Yes, please explain, including who, the nature of claim, and outcome: \_\_\_\_\_

\_\_\_\_\_

Were you satisfied with the result? ☐ Yes ☐ No Please explain: \_\_\_\_\_

\_\_\_\_\_

33. Have you or anyone in your family ever sued anyone, even in small claims court? ☐ Yes ☐ No

If Yes, please explain, including who, the nature of claim, and outcome: \_\_\_\_\_

\_\_\_\_\_

Were you satisfied with the result? ☐ Yes ☐ No Please explain: \_\_\_\_\_

\_\_\_\_\_

34. Have you recently suffered a significant emotional or financial loss (of a loved one, a job, home, or other)? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

35. Have you or anyone close to you ever been a witness, given a deposition and/or testified in any proceeding? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

36. Do you support caps or limits on the amount of money juries can award in civil cases? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

37. Punitive damages are money damages awarded against defendants in civil lawsuits to punish bad conduct and prevent future bad behavior. What is your opinion about punitive damages?

☐ Positive ☐ Negative Please explain: \_\_\_\_\_

\_\_\_\_\_

38. To what extent do you agree or disagree with the following statements:

a. Most lawsuits today are about people looking for "deep pockets."

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

b. There is nothing wrong with corporations trying to make as much profit as they can.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

c. Consumer product lawsuits only drive up costs and do little good.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

39. Do you have any physical or medical problems that would affect your service as a juror in this case?

☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

40. Do you have any ethical, religious, political, or other beliefs or opinions that would affect your ability to be a juror in this case? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

41. Is there any other information that you would like the Court to know about your ability to serve as an impartial juror in this case? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

42. Please carefully read the following list of names and place a check mark by the names of any of the individuals that you personally know, think you may know, or have any type of affiliation or relationship with:

<input type="checkbox"/> Adam Bowen	<input type="checkbox"/> James Monsees	<input type="checkbox"/> Riaz Valani	<input type="checkbox"/> Nicholas Pritzker
<input type="checkbox"/> Hoyoung Huh	<input type="checkbox"/> [all trial witnesses]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of the above, please explain your relationship with any of the names you checked: \_\_\_\_\_

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**Thank you for your honest and complete answers. Before returning this questionnaire, please check to see if you have skipped any questions and respond to those questions. Be sure to write “Private” next to any questions that you would prefer to take up with the judge and attorneys outside the presence of the other prospective jurors.**

I certify, under penalty of perjury, that the answers given above are true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Juror